

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME **ConocoPhillips Corporation**
 ADDRESS **520 East D Street
Tacoma, WA 98421**
 COUNTY **Pierce**
 FACILITY **Tacoma Terminal South**
 LOCATION **520 East D Street**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

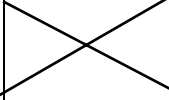
(2-16)	(17-19)
WA0003387	001
PERMIT NUMBER	DISCHARGE NUMBER

Submit Monthly

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☐ NO DISHCARGE

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS				
Flow	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT		Report	gpd						N/A	Continuous	Metered
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6		9	s.u.	0	01/01	Grab	
TSS	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					30	45	mg/L	0	01/30	Grab	
O & G, no visible sheen	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						0	0 = No 1 = Yes	0	01/01	Visual	
O & G	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					10	15	mg/L	0	01/30	Grab	
TPH - G	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						1.0	mg/L	0	01/30	Grab	
TPH - D	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						10.0	mg/L	0	01/30	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

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(2-16)	(17-19)
WA0003387	001
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PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Benzene	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					40	µg/L	0	01/30	Grab	
Ethylbenzene	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					100	µg/L	0	01/30	Grab	
BTEX	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					Report	µg/L	N/A	01/30	Grab	
*Copper, dissolved	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					Report	µg/L	N/A	01/30	Grab	
*Copper, total recoverable	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					Report	µg/L	N/A	01/30	Grab	
*Lead, dissolved	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					Report	µg/L	N/A	01/30	Grab	
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TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*Beginning with permit effective date or first month after installation of effluent filters, for 12 consecutive months, both dissolved and total recoverable fractions of final effluent shall be tested and reported.

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

WA0003387
PERMIT NUMBER

001
DISCHARGE NUMBER

Submit Monthly

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		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS				
*Lead, total recoverable	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	µg/L	N/A	01/30	Grab
*Zinc, dissolved	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	µg/L	N/A	01/30	Grab
*Zinc, total recoverable	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	µg/L	N/A	01/30	Grab

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(2-16)	(17-19)
WA0003387	002 – In Tank
PERMIT NUMBER	DISCHARGE NUMBER

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		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY			
Copper, dissolved	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	µg/L	N/A	1/Batch Grab
Copper, total recoverable	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	µg/L	N/A	1/Batch Grab
Lead, dissolved	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	µg/L	N/A	1/Batch Grab
Lead, total recoverable	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	µg/L	N/A	1/Batch Grab
Zinc, dissolved	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	µg/L	N/A	1/Batch Grab
Zinc, total recoverable	SAMPLE MEASUREMENT									
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